OIPE JC181
NOV 2 4 2004

Effective on 10/01/2004. Patent fees are subject to annual revision.

FEE TRANSMITTAL
For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT ($) 4,640.00

Complete if Known	
Application Number	10/646,363
Filing Date	August 21, 2003
First Named Inventor	ZENG, Xian-Ming
Examiner Name	Pending
Art Unit	1615
Attorney Docket No.	NHC19586-USA

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order

☒ Deposit Account ☐ None

Deposit Account Number: 50-0943

Deposit Account Name: Baker Norton Pharmaceuti

The Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below

☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

☒ Credit any overpayments

to the above–identified deposit account.

☐ Other (please identify): _____

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING FEE

Fee Description	Fee ($)	Small Entity Fee ($)	Fee Paid($)
Utility Filing Fee	790	395	770.00
Design Filing Fee	350	175	_____
Plant Filing Fee	550	275	_____
Reissue Filing Fee	790	395	_____
Provisional Filing Fee	160	80	_____

Subtotal (1) $ 770.00

FEE CALCULATION (continued)

2. EXTRA CLAIM FEES

Fee Description	Fee ($)	Small Entity Fee ($)
Each claim over 20	18	9
Each independent claim over 3	88	44
Multiple dependent claims	300	150
For Reissues, each claim over 20 and more than in the original patent	18	9
For Reissues, each independent claim more than in the original patent	88	44

Total Claims	Extra Claims	Fee ($)	Fee Paid ($)
_____ - 20 or HP = _____	x _____	= _____	

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee ($)	Fee Paid ($)
_____ - 3 or HP = _____	x _____	= _____	

HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims	Fee ($)	Fee Paid ($)
		290.00

Subtotal (2) $ 290.00

3. OTHER FEES

Fee Description	Fee ($)	Small Entity Fee ($)	Fee Paid($)
1-month extension of time	110	55	_____
2-month extension of time	430	215	_____
3-month extension of time	980	490	_____
4-month extension of time	1,530	765	_____
5-month extension of time	2,080	1,040	2,080.00
Information disclosure stmt. fee	180	180	_____
37 CFR 1.17(q) processing fee	50	50	_____
Non-English specification	130	130	_____
Notice of Appeal	340	170	_____
Filing a brief in support of appeal	340	170	_____
Request for oral hearing	300	150	_____
Other: Petition (1370), Surcharge (130.00)			1,500.00

Subtotal (3) $ 3,580.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	43,160	Telephone	305.575.6061
Name (Print/Type)	Michael A. Steinberg, Ph.D.			Date	Nov. 23, 2004

11/30/2004 TTRAN1 00000011 500943 10646363
01 FC:1255 770.00 DA
02 FC:1255 2080.00 DA